



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

OCTOBER 30, 1996

PTAS



100280693A

HOFFMANN & BARON
DANIEL A. SCOLA, JR, ESQ.
350 JERICHO TURNPIKE
JERICHO, NY 11753

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, NORTH TOWER BUILDING, SUITE 10C35, WASHINGTON, D.C. 20231.

RECORDATION DATE: 04/25/1996

REEL/FRAME: 8092/0903
NUMBER OF PAGES: 9

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:
STOLTZE, JACOB

DOC DATE: 04/09/1996

ASSIGNOR:
KAMSTRUP-LARSEN, JORGEN

DOC DATE: 04/12/1996

ASSIGNEE:
MEADOX MEDICALS, INC..
112 BAUER DRIVE
OAKLAND, NEW JERSEY 07436

SERIAL NUMBER: 08591506
PATENT NUMBER:

FILING DATE: 08/19/1996
ISSUE DATE:

KEITH GOODE, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Jacob Stoltze
Jorgen Kamstrup-Larsen

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:
☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: April 9, 1996 and April 12, 1996

2. Name and address of receiving party(ies)
Name: Meadox Medicals, Inc.
Internal Address: 112 Bauer Drive
Oakland, New Jersey 07436
USA
Street Address: _____
City: _____ State: _____ ZIP: _____

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):
If this document is being filed together with a new application, the execution date of the application is: _____
A. Patent Application No.(s)
08/591,506
B. Patent No.(s)
Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Daniel A. Scola, Jr., Esq.
Internal Address: HOFFMANN & BARON
350 Jericho Turnpike
Jericho, New York 11753
Street Address: _____
City: _____ State: _____ ZIP: _____

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00
☒ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.
Daniel A. Scola, Jr.,
Name of Person Signing
Signature
4/22/96
Date
Total number of pages including cover sheet, attachments, and document: 9